

**SECRETARY OF THE STATE
FAX FILING SERVICE REQUEST
DOCUMENT REVIEW FAX NO. (860) 509-6069
UCC/CERTIFICATION UNIT FAX NO. (860) 509-6057**

IMPORTANT NOTE: ILLEGIBLE FAX FILINGS ARE SUBJECT TO REJECTION. Verification of filing will appear on our website, www.concord.sots.ct.gov. Confirmation cannot be given via fax or telephone.

Number of Pages including transmittal sheet: _____

Business Name: _____

REQUESTING PARTY'S INFORMATION:

Name: _____

Address: _____ / _____

Contact Person Telephone #: () _____

INDICATE TYPE OF SERVICE REQUESTED:

☐ **Expedited Service (Extra \$25.00 per transaction)**
(Expedited requests will be completed within 24hrs from the time received by this office)

☐ **Please Check this box if you will be picking up in our office.**
(Documents not picked up by the close of business will be mailed).

☐ **Non-Expedited Service**

☐ Confirmation ☐ Certified Copy ☐ Plain Copy ☐ Legal Existence

Please specify the name of the document copy being requested:

<input type="checkbox"/>	Express
<input type="checkbox"/>	Short
<input type="checkbox"/>	Long

(By indicating a Customer ID or credit card #, you are hereby authorizing debit of the account/charge of credit card).

Customer ID: _____

REQUIRED INFORMATION FOR CREDIT CARD TRANSACTIONS, VISA or MASTERCARD ONLY.

16 Digit Credit Card #: _____ **Expiration Date:** _____ / _____
Month Year

Total Charge: _____

BILLING INFORMATION (for cardholder if different than requesting party)

Name: _____

Address: _____ / _____
(Street, Town, State) (Zip)

Please Note: Sending a Fax to the wrong phone number may result in a delay in processing your request.